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Postal or Zip Code:: 02154 City of Residence:: ARLINGTON

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#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 021125

Fax One:: 617-310-9514

Electronic Mail One:: RM2@NUTTER.COM

#### APPLICATION INFORMATION

Title Line One:: METHOD AND SYSTEM FOR LOW-DOSE THREE-DIM

Title Line Two:: ENSIONAL IMAGING OF A SCENE

Total Drawing Sheets:: 14 Formal Drawings?:: No

Application Type:: Utility

Docket Number:: 102282-8

License US Govt. Agency:: NATIONAL CANCER INSTITUTE

Contract or Grant Numbers One:: CA66232 Secrecy Order in Parent Appl.?:: No

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 21125

Registration Number One:: 38403 Registration Number Two:: 43328 Registration Number Three:: 28711 Registration Number Four:: 30833 Registration Number Five:: 31359 Registration Number Six:: 44238 Registration Number Seven:: 43810 Registration Number Eight:: 31868 Registration Number Nine:: 45053 Registration Number Ten:: 47257

#### CONTINUITY INFORMATION

This application is a:: NON PROV. OF PROVISIONAL > Application One:: 60/181,981

Filing Date:: 02-11-2000

Source:: PrintEFS Version 1.0.1

		IN	VENTO	RINFOR	MAT	ION				
Given Name	MI Fam	nily Name		Name Suffix	:	Add	itional Inve	entors		
MARTIN	ST	ANTON				Ap	olicant Act	ing For	This Invento	)f>
Postal Address Line 1	37 GA	TES LANE							<u>.</u>	
Postal Address Line 2		<del> </del>								
City		State or Provi	nce		Cou	ıntry	•		Postal or Z	p Code
STOWE		MA			US	Α			01775	
City of Residence		State or Provi	nce Resid	lence	Cou	intry of Re	sidence		Citizenship	Country
STOWE		MA			US	A			USA	
		CORRE	SPONE	ENCE IN	IFOF	RMATIO	N			
Correspondence Custom	er Numbe	r 021129		f you have a USF rovide a fax num						
Name Line One										
Name Line Two										
Address Line One										
Address Line Two		·		٠.	ł					
City		State or Provi	nce		Cou	ntry			Postal or Z	ip Code
Telephone 1		Fax 1	617-31	0-9514	E	lectronic N	<i>l</i> iail 1	RM2@I	NUTTER.CO	M
Telephone 2		Fax 2			E	lectronic N	Mail 2			
*By providing either a fax number or authoring guide for further details abo			plicitly author	nzing USPTO to :	send you	ı a courtesy ad	knowledgemer	nt (Please	refer to Section	7 of the PrintEFS
		APP	LICATI	ON INFO	RMA	TION		and the last		
Title of the Invention		.4								
METHOD AND SYSTEM F	OR LOW-I	DOSE THREE-I	DIMENSIC	DNAL IMAGII	NG OF	A SCENE				
Total Drawing Sheets	14	■ Formal Dr	awings	<b>√</b> Info	rmal I	Drawings				
Application Type	Utility			Doc	ket Nu	ımber	102282-8			
Licensed U. S. Govt. Age	ncy (	Contract or Gr	ant No.	Se	crecy	Order in I	Parent App	lication	?	
NATIONAL CANCER INS		CA66232 Govt. Agencies					Yes	□No	1	
	****		alesti I	ATIVE IN	ORI	MATION	<b>I</b>			
	Represe	entative Custor	mer Numi	per 21	125					
Registration Number	Registrati	on Number	Registra	ation Numbe	r	Registrat	ion Numbe	er R	legistration l	Number
38403	43328		28711			30833			31359	
Additional Representatives										
PRIOR FOREIGN APPLICATIONS										
Foreign Application No.	Filing	Date (MMDDY	YYY)	Country				Priori	ty Claimed?	
									Yes	]No
	Additional Prior Foreign Applications									

plication No.	Туре	Application No.	ON Filing Date (MMDDYYYY)	Patent Number
This Application	NON PROV. OF PROVISIONAL	60/181,981	02-11-2000	
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	ADDITIO	ONAL INVENTOR	INFORMATION	
Given Name	MI	Family Name		Name Suffix
ALEXANDER		STEWART		
Postal Address Line 1	41-6 ANGLESIDE I	ROAD		
Postal Address Line 2				
City	State or Pro	vince	Country	Postal or Zip Code
WALTHAM	MA		USA	02154
City of Residence	State or Pro	vince of Residence	Country of Residence	e Citizenship Country
WALTHAM	MA		USA	USA

## APPLICANT ACTING FOR THE INVENTOR ABOVE Filing on behalf of the inventor under 37 CFR 1.42 or 1.43 or 1.47

Given Name	M	MI Family Name Name Su		Audhauth Hadau	
			Authority Under	Authority Under	
Postal Address Line 1					
Postal Address Line 2	Ĺ				
City		State or Province	Cour	ntry	Postal or Zip Code
City of Residence		State or Province of Resi	dence Cour	ntry of Residence	Citizenship Country

Additional Inventors

	AD	DITIONAL INV	ENTOR	
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Postal Address Line 1 Postal Address Line 2	2 CRESENT HILL AVE	NUE		
City	State or Province	e e	Country	Postal or Zip Code
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City of Residence	State or Province	ce of Residence	Country of Residence	Citizenship Country
ARLINGTON	MA	,	USA	USA

# APPLICANT ACTING FOR THE INVENTOR ABOVE Filing on behalf of the inventor under 37 CFR 1.42 or 1.43 or 1.47

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Given Name	MI	Family Name	Name Suffix	Authority Under	
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Postal Address Line 1					
Postal Address Line 2					
City		State or Province	С	ountry	Postal or Zip Code
City of Residence		State or Province of Re	sidence C	ountry of Residence	Citizenship Country

Additional Inventors

	REPRESEN	TATIVE INFORMAT	ION (CONT.)	and the second second
Registration Number				
44238				
43810				
31868				
45053				
47257				
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